

BUSINESS REGISTRATION PERMIT APPLICATION

190 N. Litchfield Road, PO Box 5100, Goodyear, AZ 85338
Attn: Business Permits

Attn: Business Permits 623-882-7874

This application must be filed with the Finance Department prior to engaging in business in the City of Goodyear

I —	New Business	er of Existing Business		Start Date:	
	New Owner of Existing Business				
that apply	Home Business		Fee: \$ 75.00	State Sales Tax No:	
	Name Change Location Change				
Section I: Business Information					
Business Name (Company or DBA)			Legal Business Name (if different from business name)		
(Company of DDL)			2-8 2 comes rame (it different if our submess fame)		
Business Location Address Ste.					
			Mailing Address (if different from location) Ste.		
City	State Zip Cod	de	City	State Zip Code	
Business Phone:			Email Address:		
	il Amusement Contractor Resta ical/Dental Residential Rental (# of un		· □ Manufacturer □ Hotel/Motel) □ Other:	☐ Distribution Center	
	e the nature of the business:			ous Materials Yes No	
Section II. Contact I	Farmatian		Alarm S	ystem Yes No	
Section II: Contact Information 24-hour local contact information is required by the Goodyear Police Department for use in the event of an emergency.					
This person must be a key holder, and able to respond after hours to the physical business location if necessary.					
Local Emergency Local Emergency					
Contact Name: Local Emergency			Contact Phone: Local Emergency		
Contact Name:			Contact Phone:		
Alarm Company Name: Alarm Company Phone:					
Name: Phone : Section III: Ownership and Premise Information					
☐ Individual/Sole Proprietor ☐ Corporation ☐ LLC ☐ Gen. Partnership ☐ Limited Partnership # of Employees:					
				• •	
Owners, Partners, LI					
Members, or Officers (attach separate sheet of	I Addross:	Address:			
paper for additional	Phone:	Phone: S. S. #:			
names)	Name:				
	ivaille.				
	Address:	Address:			
	Phone: S. S. #:				
Property / Landlord	Do you own your business location	Do you own your business location?			
Property Manager Information	, ,	If no, complete section below			
amoi mativii	Property Name:	Property Information Address:			
	Information				
	1 1441035.				
This issuance of this Business Permit shall not be deemed to legalize any I declare, under penalty of perjury that that the statements made in					
act, which otherwise may be in violation of the law, including the city's zoning codes, or to exempt any person from any penalty of such violation.			this application are true and correct to the best of my knowledge.		
zoning codes, or to exemp	or any person from any penaity of such violat	ation.			
Your Business Permit will be mailed after receipt of payment of the annual fee of \$75.00. Payment may be made by check, cash, or money order. A penalty of \$250.00 may be assessed to a business that fails to or refuses to apply for or renew a business registration permit within thirty (30) days of having received written notice by the City of Goodyear.			Printed Name		
			Signature of Owner / Representative		
			Signature of Owner / Representative		
This Business Permit must be renewed annually. If you have any questions please call the City of Goodyear, Business Permits at 623-882-			Title:	Date:	
7874.	City of Goodyear, Business Perillits at 623-				